



# Louisiana Board of Pharmacy

3388 Brentwood Drive  
Baton Rouge, Louisiana 70809-1700  
[www.pharmacy.la.gov](http://www.pharmacy.la.gov) ~ Email: [info@pharmacy.la.gov](mailto:info@pharmacy.la.gov)



## Application Packet for a Louisiana Controlled Dangerous Substance (CDS) License

This packet contains two pages of instructions and the two paged application form. Please read the information carefully. Our experience is that many application forms are returned due to the absence of required information. Louisiana CDS Licenses are site specific for the location where the controlled dangerous substances are utilized. If you have more than one practice location where such substances are maintained, then you must submit a separate application for each location.

Due to the requirement for an original signature, the original copy of the completed application form must be delivered to the Louisiana Board of Pharmacy at the address above with the correct fee. We are unable to accept faxed application forms.

### Section 1 – Reason for Application

- Select the reason for the application.
- For renewals of existing licenses, please enter the license number.
- For reinstatement of lapsed licenses, please enter the license number and note the additional fee.

### Section 2 – Registrant Information

**Please note: A post office box cannot be accepted as a practice location.**

#### **Facility Applicants:**

- Enter the name of the facility, as well as the tax ID number of the business.
- Enter the office and fax numbers for the facility.
- Enter the state Board license information.
  - In the event the facility holds a credential from the Health Standards Section of the Department of Health and Hospitals, please enter that license number and expiration date.
  - If not, then enter the license number and expiration date for the facility's physician medical director.
  - In either case, please attach a legible copy of the appropriate credential.
- DEA registration information
  - Enter this number if you already hold a DEA registration number for Louisiana and are seeking reinstatement or if you currently hold a valid DEA registration number from another state and the name of the state in which it was issued. If you have never held a DEA registration number before, you may leave the space blank or write "pending" in the space.
- Controlled substance licenses issued to facilities shall be directed to the attention of the chief pharmacist, consultant pharmacist, or the physician medical director – and that person shall sign the application form.

#### **Practitioner Applicants:**

- Enter the registrant's complete name and social security number.
- Enter the office telephone and fax numbers of the registrant.
- Enter the state Board license information.
  - Enter the applicable Board license number and expiration date (this applies to all applicants who are licensed by a licensing Board) and attach a legible copy of the Board license.
  - All optometrists, physician's assistants, and APRN's shall submit a copy of their respective Board's license plus their Limited Prescriptive and Distributive Authority for Controlled Dangerous Substances authorization letter.

- DEA registration information.
  - Enter this number if you already hold a DEA registration number for Louisiana and are seeking reinstatement or if you currently hold a valid DEA registration number from another state and the name of the state in which it was issued. If you have never held a DEA registration number before, you may leave the space blank or write “pending” in the space.
  - Practitioners moving to Louisiana from another state and in possession of a DEA registration from that state should contact DEA for another registration for this state.
- Enter the complete physical address of the practice location (practitioners may prescribe for their patients from anywhere within the state.)

#### **Sales Representatives:**

- Enter the name of the sales representative and the name of the company.
- Enter the office and fax numbers of the registrant.
- Enter the applicable Board license number and expiration date (this applies to all applicants who are licensed by a licensing Board) and attach a copy of the Board license.
- DEA registration information.
  - Enter this number if you already hold a DEA registration number for Louisiana and are seeking reinstatement or if you currently hold a valid DEA registration number from another state and the name of the state in which it was issued. If you have never held a DEA registration number before, you may leave the space blank or write “pending” in the space.
  - Note: All applicants must apply for a new DEA registration number if you are moving to Louisiana from another state.
- Enter the physical address of the company’s headquarters.
- You must submit a letter of verification of employment and authorization executed by the manufacturer / distributor you represent.

#### **Section 3 – Classification of License**

- Check the appropriate class of license sought and submit the fee amount listed with the completed application.

#### **Section 4 – Drug Schedules**

- Enter the schedules that you are requesting by checking the appropriate boxes.
- Permission for Schedule I substances is restricted to researchers, analytical labs, law enforcement agencies, and canine trainers.

#### **Section 5 – Certification Statements**

- All applicants must complete this section.
- Facility applicants for a new credential should respond only to the question for facilities.
- Practitioner applicants for a new credential should respond only to the question for practitioners.
- If the application is for renewal or reinstatement, select that question and enter the information requested.

#### **Section 6 – Applicant’s Signature**

Read the statement, then sign and date the appropriate line.

#### **Final Notes:**

- Licensees are required to notify the Board of all changes of name, physical location, and mailing address no later than 10 days following such changes. Should you wish to order a duplicate credential reflecting such changes, please include the \$5.00 fee for that product.
- In the event a CDS license is not renewed within 30 days after the expiration date, the Board is obligated to terminate the license, and then report that termination to the primary licensing agency as well as the U.S. Drug Enforcement Administration (DEA).
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## Application for a Louisiana Controlled Dangerous Substance (CDS) License

To avoid processing delays, please refer to application packet before completing this application.

**Mail** completed application, directed specifically to "CDS Program", at the address noted above. Faxed applications will not be accepted.

### SECTION 1 – Reason for Application

<input type="checkbox"/> New CDS License
<input type="checkbox"/> Renewal or Reinstatement of Existing CDS License # _____ Add \$10 to renewal fee if license has been expired for more than 30 days

### FOR BOARD OFFICE USE ONLY

CK# \_\_\_\_\_ AMT \_\_\_\_\_

Date application rec'd \_\_\_\_\_

License # \_\_\_\_\_ Date Issued: \_\_\_\_\_

### SECTION 2 – Registrant Information

<b>Facilities:</b>	Full Business or Facility Name		
	Taxpayer ID # _____ - _____		
<b>Practitioners:</b>	Last Name	First Name	Middle Initial
	Social Security # _____ - _____ - _____		
Business Phone		Business Fax	Home Phone
LA State Board License # _____		DEA Registration # _____	
LA State Board License Exp. Date (mm-dd-yyyy) _____		DEA Registration Exp. Date (mm-dd-yyyy) _____	
<b>Enter Physical Address of Practice Location (Do not enter a P. O. Box)</b>		<b>Mailing Address (If different than physical address)</b>	<b>Home Address</b>
Address Line 1		Address Line 1	Address Line 1
Address Line 2		Address Line 2	Address Line 2
City		City	City
State		State	State
Zip		Zip	Zip
For Businesses, enter name of Chief Pharmacist, Consultant Pharmacist or Physician Medical Director (must sign application)			

**SECTION 3 – Classification of License (Select Only One)****Submit a check or money order payable to Louisiana Board of Pharmacy in the required amount**

<input type="checkbox"/> Ambulatory Surgical Center (\$50)	<input type="checkbox"/> Hospital (\$50)	<input type="checkbox"/> APRN (\$45)*
<input type="checkbox"/> Animal Euthanasia Tech. (\$20)	<input type="checkbox"/> Laboratory (\$20)	<input type="checkbox"/> Dentist (\$45)*
<input type="checkbox"/> Clinic / Rural Health Clinic / Emerg. Ctr (\$50)	<input type="checkbox"/> Manufacturer (\$100)	<input type="checkbox"/> Med. Psych. (\$45)*
<input type="checkbox"/> Dialysis Center (\$20)	<input type="checkbox"/> Narcotic Treatment Center (\$50)	<input type="checkbox"/> Optometrist (\$45)*
<input type="checkbox"/> Drug Detection – Canine (\$30)	<input type="checkbox"/> Researcher (\$30)	<input type="checkbox"/> Physician (\$45)*
<input type="checkbox"/> EMS (\$20)	<input type="checkbox"/> Sales Representative (\$20)	<input type="checkbox"/> Physician Asst (\$45)*
<input type="checkbox"/> Other _____ (\$20)	<input type="checkbox"/> Wholesaler / Distributor (\$50)	<input type="checkbox"/> Podiatrist (\$45)*
		<input type="checkbox"/> Veterinarian (\$20)

\* Fee includes Prescription Monitoring Program (PMP) fee as authorized by La. R.S. 40:1013.

**SECTION 4 – Drug Schedules****Check ALL applicable Schedules to be handled. License will be issued for those schedules checked ONLY.**

<input type="checkbox"/> Schedule I (Experimental)	<input type="checkbox"/> Schedule III	<input type="checkbox"/> Schedule V
<input type="checkbox"/> Schedule II	<input type="checkbox"/> Schedule III-N (Non-narcotic)	
<input type="checkbox"/> Schedule II-N (Non-narcotic)	<input type="checkbox"/> Schedule IV	

**SECTION 5 – All registrants must answer the following:****If the answer to either of the first two questions is “YES,” submit a detailed statement including all circumstances along with this application.**

<b>Facility Applicants:</b>	If the applicant is a corporation, association, or partnership has any officer, partner, stockholder or proprietor been convicted of a felony in connection with controlled substances under any State or Federal Law, or ever surrendered or had a State or Federal License revoked, suspended, or denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Practitioner Applicants:</b>	Has the applicant ever been convicted of a felony in connection with controlled substances under any State or Federal Law, or ever surrendered or had a State or Federal controlled dangerous substance or practitioner's license revoked, suspended, or denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>For Renewal Applications:</b>	I certify that I have a valid practitioner's license from the appropriate Board of competent jurisdiction that expires on the following date:  Expiration Date: _____ / _____ / 20_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 6 – Applicant's Signature**

I hereby make application for a license to manufacture, distribute, procure, possess, prescribe, dispense, and/or to conduct research with controlled dangerous substances, as indicated above, in compliance with the requirements of Part X of Title 40 of the Louisiana Revised Statutes of 1950, as amended, as well as the rules of the Board of Pharmacy promulgated in accordance with said statute. I/We further agree that declared facilities and/or offices shall be open to inspection by the Louisiana Board of Pharmacy, its agent or designee, for the inspection of controlled dangerous substances, their storage, handling, distribution, and recordkeeping.

<b>Facility Applicants:</b>	<u>Original</u> Signature of Authorized Individual Identified in Section 2	Date  _____ / _____ / 20_____
<b>Practitioner Applicants:</b>	<u>Original</u> Signature of Applicant	Date  _____ / _____ / 20_____